

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3596AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2008
NAME OF PROVIDER OR SUPPLIER ADVANCED CARE FOR THE ELDERLY		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 MULROONA COURT LAS VEGAS, NV 89129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted in your facility on October 9, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 8 total beds.</p> <p>The facility had the following category of classified beds: Category 1 - 3 beds and Category 2 - 5 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility for the elderly or disabled persons.</p> <p>The census at the time of the survey was 0. One closed resident file was reviewed and 3 employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 070 SS=D	449.196(1)(f) Qualifications of Caregiver-8 hours training	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on interview and personnel file review, the facility failed to ensure 8 hours of training related to providing for the needs of the residents was received annually for 2 of 3 employees (Employee #2, #3). Findings include: Employee #2 was hired on 5/1/06. The personnel file lacked documented evidence of 8 hours of annual caregiver training. Employee #3 was hired on 12/15/05. The personnel file lacked documented evidence of eight hours of annual caregiver training. On 10/9/08 at 3:00 PM, Employee #3 indicated the employees had not attended caregiver training as the last resident was discharged in August 2007. Severity: 2 Scope: 1	Y 070		
Y 435 SS=D	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to	Y 435		

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Y 435	<p>Continued From page 2</p> <p>conduct such inspections.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure 2 of 2 facility fire extinguishers were inspected annually.</p> <p>Findings include:</p> <p>On 10/9/08 at 2:30 PM, it was observed that the two facility fire extinguishers had expired tags dated 12/2/06.</p> <p>On 10/9/08 at 3:00PM, Employee #3 indicated that she had forgotten to have them inspected.</p> <p>Severity: 2 Scope: 1</p>	Y 435			

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